

## CLAIMS ONLY

Application Number

016618582

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1						
2						
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46						
47						
48						
49						
50						
Total Indep						
Total Depend.						
Total Claims						

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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59						
60						
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99						
100						
Total Indep		3				
Total Depend.		9				
Total Claims		12				